

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



DATE RECEIVED

Name of Offering (check if this is an amendment and Hallmark Human Resources, I	name has changed, and indicate change.)					
	Rule 505 Rule 506 Section 4(6)	T ULOF.				
Type of Filing: New Filing Amendment		v-				
A.	BASIC IDENTIFICATION DATA					
1. Enter the information requested about the issuer						
Name of Issuer (check if this is an amendment and name	ne has changed, and indicate change.)					
Hallmark Human Resources, II	nc.					
T0067 - 1	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
5006 Largo, Granbury, Texas Address of Principal Business Operations	76049 (Number and Street, City, State, Zip Code)	817-326-3048 Telephone Number (Including Area Code)				
(if different from Executive Offices)	(Number and Succe, City, State, Zip Code)	receptione Number (including Area Code)				
	is a Professional Emp					
formed to provide an optim	um approach to the op	eration of human resources				
	rship, already formed other (p	olease specify):				
	Month Year					
Actual or Estimated Date of Incorporation or Organization:	Actual Estir					
Jurisdiction of Incorporation or Organization: (Enter two-le CN for Can	iter U.S. Postal Service abbreviation for State ada; FN for other foreign jurisdiction)	: mx fholston				
GENERAL INSTRUCTIONS						
Federal: Who Must File: All issuers making an offering of securities in 77d(6).	reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.				
When To File: A notice must be filed no later than 15 days and Exchange Commission (SEC) on the earlier of the date it which it is due, on the date it was mailed by United States re	is received by the SEC at the address given b					
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.						
Copies Required: Five (5) copies of this notice must be filed photocopies of the manually signed copy or bear typed or pri		y signed. Any copies not manually signed must be				
Information Required: A new filing must contain all inform thereto, the information requested in Part C, and any material not be filed with the SEC.						
Filing Fee: There is no federal filing fee.		•				
State: This notice shall be used to indicate reliance on the Uniform ULOE and that have adopted this form. Issuers relying on are to be, or have been made. If a state requires the paymaccompany this form. This notice shall be filed in the app this notice and must be completed.	ULOE must file a separate notice with the sent of a fee as a precondition to the claim for ropriate states in accordance with state law.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall				
Fallure to file notice in the appropriate states w appropriate federal notice will not result in a los filing of a federal notice.						

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: | Promoter X Director General and/or Managing Partner Full Name (Last name first, if individual) Sheppard, Mark Business or Residence Address (Number and Street, City, State, Zip Code) 5006 Largo, Granbury, Texas 76049 Check Box(es) that Apply: ▼ Promoter X Beneficial Owner Executive Officer X Director General and/or Managing Partner Full Name (Last name first, if individual) Willis, Thomas Business or Residence Address (Number and Street, City, State, Zip Code) Texas 76049 5006 Largo, Granbury, Check Box(es) that Apply: ▼ Promoter R Beneficial Owner X Executive Officer X Director General and/or Managing Partner Full Name (Last name first, if individual) Pozsony, Robert S. Business or Residence Address (Number and Street, City, State, Zip Code) 5006 Largo, Granbury, Texas 76049 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer M Director General and/or Managing Partner Full Name (Last name first, if individual) Quinn, Thomas Business or Residence Address (Number and Street, City, State, Zip Code) 5006 Largo, Granbury, Texas 76049 Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter M Director General and/or Managing Partner Full Name (Last name first, if individual) Bay, Wayne Business or Residence Address (Number and Street, City, State, Zip Code) 5006 Largo, Granbury, Texas 76049 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Promoter ☐ Director General and/or Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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1	TY-ash-					11 4			41.1 661	0		Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							X						
Answer also in Appendix, Column 2, if filing under ULOE.								_{\$} 20	. 0 00				
2. What is the minimum investment that will be accepted from any individual?								••••••	Yes	No			
3.	Does the	e offering p	permit joint	ownershi	p of a sing	le unit?	•		•••••	•••••		1	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
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Bu	N/A	- Sto	ck off Address (N	ered	Will Street Ci	be so	Ld by	offic	ers wi	ith no	COMM:	issic	ns.
Du	3111535 01 1	Residence .	Address (14)	umoer am	i Sueet, Ci	iy, State, Z	ip Code)						
Naı	me of Ass	ociated Br	oker or Dea	ller			*************************************						
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			· · · · · · · · · · · · · · · · · · ·			
	(Check	"All States	" or check i	individual	States)	•••••	***************************************			••••••	•••••	All States	
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Ful	il Name (I	Last name	first, if indi	vidual)	J 33747-, Ju							· · · · · · · · · · · · · · · · · · ·	
Bu	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						
Na	me of Ass	ociated Br	oker or Dea	ıler	1,000								<u> </u>
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check i	individual	States)		*******	*************				All States	
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Ful	Il Name (I	Last name	first, if indi	vidual)				+ · · · · · · · · · · · · · · · · · · ·				***********	
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)							States						
							••••••••	LJ ^1	biaics				
	AL IL MT	AK IN NE ISC	IA NV SD	AR (KS) (NH)	CA KY NJ	CO LA NM UT	ME NY	MD NC VA	MA ND WA	FL MI OH	GA MN OK	MS OR WY	MO PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	•	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$	<u> </u>
	Equity	\$1,000,0	00 <u>25,000</u>
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)		
	Total	<u>\$1,000,00</u>	06_25,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	A
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$ <u>25,000</u>
	Non-accredited Investors		\$
•	Total (for filings under Rule 504 only)	-11-2-1-1	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
. 4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$ 2,000
	Legal Fees		
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Website & General Marketing Costs		\$ 55,000
	Total		\$ 62,000

13.7	OFFEDING BRICE NING	BER OF INVESTORS, EXPENSES AND USE OF F	noerrne'	o ny residual pythydd, ry
<u> </u>	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	ing price given in response to Part C — Question 1 Question 4.a. This difference is the "adjusted gross	RUCLEDS	\$ 938,000
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		x \$200,000	\$
	Purchase of real estate			
	Purchase, rental or leasing and installation of mac and equipment	hinery 		⅓ \$ 5 5.000
	Construction or leasing of plant buildings and fac			
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another	¬\$	□\$
	Repayment of indebtedness	•		_
	Working capital			
	Other (specify): Funding of Worker			
	Rent & Insurance		\$	⊠ \$ 50,000
	Column Totals		∑\$200 ,000	 \$ 73 8, 000
	Total Payments Listed (column totals added)		X \$_9	38,000
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the lature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	undersigned duly authorized person. If this notice mish to the U.S. Securities and Exchange Commis	e is filed under Russion, upon writter	le 505, the following
Iss	er (Print or Type)		Date	
Ha	llmark Human Resources, Inc	Mano Willes	6-,	30-05
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
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- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)